

Exempt Formula Policy Review: Frequently Asked Questions

References for Additional Information

WPM: Chapter 6C, Attachment 2, Appendix A
and Chapter 7, Section 5: Medical Documentation

Medical Documentation

Q: Can medical documentation be accepted if signed by an RN or DO?

A: RN = No.

DO = Yes. Doctor of Osteopathy (DO) is a specific type of physician.

The WPM stipulates that formula/products requiring medical documentation must be prescribed by:

- a physician,
- a physician extender (physician assistant or nurse practitioner),
- or, a certified nurse midwife.

However, follow-up verbal medical documentation communicated by an RN who has consulted with the approved prescribing health care provider is acceptable.

Q: What are examples of situations when issuance of an exempt product for a *qualifying condition* is not allowed?

A: A qualified medical conditions is one that impairs the ingestion, digestion, absorption, or utilization of nutrients that could adversely affect a participant's nutrition status. The diagnosis of one of these conditions does not always require nutritional supplementation.

Example: An infant with a diagnosed formula intolerance or food allergy to milk protein. Can this infant's condition be successfully managed with the use of one of the other WIC Food Packages (increased breastfeeding support, a different contract formula, etc.)? Document information related to feeding trials and outcomes.

For those with qualifying medical conditions who *do* require the use of an exempt infant formula for successful management of a condition, document necessary and related information in the Participant Care Plan.

Q: Are we required to offer soy-based formula before honoring a prescription for an exempt formula if the diagnosis is "lactose intolerance" or "milk protein allergy" for an infant?

A: Discussion with the parent/guardian/caretaker is required.

A feeding trial for the infant is not always required.

It is part of the nutrition assessment to discuss current and past infant feeding practices and concerns, medical status, and feasibility of a trial with contract soy-based formula with the participant parent/guardian/caretaker and health care provider as necessary.

The CPA rationale for the infant feeding decision made should be documented in the care plan to include participant follow-up.

Q: If a doctor is against prescribing soy formula, is it allowed to honor medical documentation and issue an exempt-infant formula without first trialing the soy-based formula?

A: Situations such as this emphasize the value of the coordination of care with the family, WIC program and health care providers. This can be honored if per the health care provider and family, the exempt infant formula is determined to be required in the management of the infant's medical condition.

However, it is critical to have discussion with the family and health care provider to address accessibility and feasibility for use of the exempt infant formula for a participant.

Q: Several of our health providers like to use "milk protein intolerance/ milk protein allergies" as the medical condition. Is this an acceptable diagnosis?

A: Milk protein intolerance/ milk protein allergy may be a qualifying medical condition for an exempt formula so long as the documented condition is unable to be managed successfully with an alternative option within the WIC food package.

Q: What severity determines the need for an exempt infant formula or WIC-Eligible Nutritional?

A: There is no defined severity level which necessitates an exempt infant formula or WEN. A CPA has the skills, training, and ability to make a professional judgement in coordination with the family and health care provider for the participant plan of care and food package tailoring.

Q: Should the physician's note pad prescription include the same information as the WIC medical document?

A: Yes.

If there is any missing information, follow-up with the provider is required to seek all information requested on a medical documentation form before food benefit issuance.

Q: For RTF formula, should the doctor or CPA write the documentation that it is necessary?

A: The CPA can determine necessity and document the need for RTF formula.

As indicated in the WPM (Chapter 7, Section 3), one of the following should be documented:

- (1) the product is available only in ready-to-feed,
- (2) the participant's household has an unsanitary or restricted water supply,
- (3) or the caretaker may have difficulty in correctly diluting the concentrate and powder products. Reminder: documentation in the medical record should reflect objective assessment and professional judgement rather than assumptions regarding caretaker abilities.

Q: Can we use the diagnosis of 'formula intolerance' for an exempt infant formula if we specify which of the contract formulas they are intolerant of?

A: Formula intolerance is not a medical diagnosis. A medical diagnosis may include an intolerance to a specific ingredient(s) within the formula as determined by the prescribing health care provider.

Q: Does the diagnosis need to be specific or can it be one from the manual?

A: Qualifying medical conditions are diagnosed conditions that impact ingestion, digestion, absorption or utilization of nutrients. Examples are provided within the WPM; however, this is not a complete list. Remember: the health care provider determines the diagnosis.

Q: Are constipation and diarrhea allowable diagnoses since they are gastrointestinal disorders?

A: Typically, diarrhea and constipation are symptoms rather than qualifying medical conditions that interfere with the ingestion, digestion, absorption or utilization of nutrients.

If these conditions are diagnosed as a gastrointestinal disorder which interferes with ingestion, digestion, absorption or utilization of nutrients, this may be considered as a qualified medical condition.

Q: If a participant presents with a prescription noting 'failure to thrive' as the diagnosis but our measurements do not reflect FTT, are we supposed to accept it?

A: Situations such as this emphasize the value of the coordination of care with families, WIC and health care providers.

Your discussion with the family and health care provider may reveal alternative medical diagnoses or related underlying conditions. If this is discovered or suspected to be the case, follow-up and document appropriately in the participant care plan.

Q: Is Avoidant/Restrictive Food Intake Disorder (ARFID) an acceptable diagnosis for a WIC-Eligible Nutritional?

A: If the nutrition assessment reveals that ARFID is consistently impacting the child and consultation with the health care provider supports this, ARFID may be a qualifying medical condition.

As with the WIC issuance of any product requiring medical documentation, it is critical that the CPA follow-up and document appropriately in the participant care plan.

Q: Can a postpartum woman continue to receive Ensure which was prescribed while she was pregnant and was given a duration of 12 months?

A: No. This would be a time for coordination of care with WIC, the postpartum woman and her health care provider.

As a woman's WIC category changes from 'pregnant' to 'postpartum', there is a change in the participant's medical status and nutrition needs. Complete medical documentation including the qualifying medical condition would be necessary.

Q: Is there a policy for issuing formulas until an infant reaches gestational age?

A: There is not a policy specific to premature infants and the issuance of products. However, the plan of care for participants with special dietary needs are most effective with coordination of care between families, WIC and health care providers which is thoroughly documented.

Q: If an infant switches from exempt formula to contract formula, do we need a prescription?

A: Yes. If the current medical documentation from the health care provider is still valid, updated medical documentation from the health care provider is required to switch products. The CPA should document necessary and related information in the Participant Care Plan.

Q: If an infant is prescribed an exempt formula at birth for 12 months and the prescribing physician marks "no infant cereal/ fruits/ vegetables", do we need a new prescription to provide infant foods when the family requests infant foods between 6-12 months?

A: Yes. If the current medical documentation from the health care provider is still valid and indicates that infant foods are not allowed, updated medical documentation from the health care provider is required before the issuance of infant foods. The CPA should document necessary and related information in the Participant Care Plan.

Q: What if premature birth is the condition listed on the medical documentation for a WEN or whole milk, but the child is 4 years old?

A: Situations such as this emphasize the value of the coordination of care with families, WIC and health care providers. The WIC program regulations for the provision of a WEN or whole milk are related to the management of a qualified medical condition. Prematurity as a medical condition is generally recognized for the first 24 months of life. By the age of 24 months, a child's medical diagnoses may be related to prematurity but are separate such as a heart defect, gastrointestinal disorder, etc.

WIC Program medical documentation for someone 24 months or older should not indicate 'prematurity' as the relevant medical diagnosis.

Q: What is an acceptable diagnosis / reason to prescribe whole milk to a child > 2 years old or a woman?

A: The appropriate issuance of whole milk for a child \geq 2 years old or a woman is when a medical condition indicates the need for whole milk in the treatment or management of the condition.

Using information from the nutrition assessment and medical documentation from the health care provider, the CPA must utilize professional clinical judgement and evidence to modify/add the appropriate nutrition risk code and tailor the food package.

Food package

Q: Can the diagnosis of "pregnancy" be used to prescribe whole milk as part of the WIC food package?

A: Pregnancy itself does not denote the medical need for whole milk. In this case, consult with the prescribing physician to determine if a qualifying condition or treatment option is more appropriate.

Q: Do we need to state WHY the infant is not getting solids?

A: Adjustments to the food package related to medical conditions should be noted in the Care Plan Summary as part of the nutrition assessment.

Q: Can a family request no infant foods and more exempt formula because it is financially better for them?

A: Per WPM (v. 2019), Chapter 7, Section 1, pages 3-4:

“Infants ages 6 – 11 months on Food Package III on contract infant formula (IF), exempt infant formula (EXF) or WIC-eligible nutritionals may receive formula at the amounts of an infant age 4 – 5 months if no infant foods (infant cereal and infant fruits and vegetables) are provided.”

For infants with existing medical documentation (receiving Food Package III), issuance of exempt infant formula at the amounts of an infant age 4 – 5 months and no infant foods is allowable with CPA documentation.

Medical documentation is required for this level of issuance for the contract infant formulas.

Q: How can we best explain any differences in the number of cans of formula a participant may be issued each month?

A: The number of cans of formula is determined by dividing the full nutrition benefit over the duration of the certification period. Additionally, age grouping and nutrition needs are included in the assessment. Using this information to divide formula needs over the months will have rounded up amounts (higher can amounts) and some months will have rounded down amounts (lower can amounts).

NSB ordering questions

Q: May CPAs fill in missing information on the NSB order form which isn't on the prescription from the doctor? (i.e. submit an order for Nutramigen with Enflora LGG (powder) vs Nutramigen)?

A: CPAs may not make assumptions to alter medical documentation. If the prescription is unclear, contact the health care provider to clarify what is being requested for the participant.

Remember: Verbal documentation justifies a one-month issuance provided that written documentation will follow-up within two weeks. Updated medical documentation will be necessary for continuing orders.

Q: If a participant finds an exempt infant formula or WEN in stock at a local grocery store, can the participant purchase that product at the store or must they order it from a pharmacy?

A: WIC food benefits may be redeemed at any WIC approved vendor. There is no product which must be acquired from a pharmacy versus a grocery store; however, a pharmacy is equipped to order products not commonly on shelves including exempt infant formulas or WENs.

There are products which *must* be ordered directly through the NSB. To find a list of these products, please refer to WPM, Chapter 7, Attachment 1.

Q: How do LAs calculate the amount of formula to order from the NSB when the LA already has some of the product in inventory?

A: Example:

A participant has medical documentation indicating 4 -8oz. containers of Pediasure Enteral 1.0 daily.

$$[(4 \text{ containers/day} \times 8\text{oz}) \times 30 \text{ days}] = 960 \text{ oz/month}$$

Since the WIC **Maximum Monthly Allowance** is 904oz/month, the maximum containers per month is (904oz / 8oz) = 113 containers.

Currently, the local agency has 63 containers of Pediasure Enteral 1.0 in their inventory.

$$113 \text{ containers to be issued} - 63 \text{ containers on hand} = 50 \text{ containers to order from the NSB}$$

The local agency should submit an order request to the NSB for 50 containers (or 400 RFO's) to complete the monthly issuance amount for this participant.

Since Pediasure Enteral 1.0 comes in cases of 24 containers, the NSB will order 3 cases for this order.

$$3 \text{ cases} \times 24 \text{ containers per case} = 72 \text{ total containers in order}$$

The Local agency, practicing the FIFO method (First In / First Out), should first issue the 63 containers from their inventory, then issue 50 containers from the received shipment.

$$63 \text{ containers (LA inventory)} + 50 \text{ containers (from shipment)} = 113 \text{ total containers of Pediasure Enteral 1.0 issued to the participant}$$

The remaining 22 containers (176 RFO's) will remain in LA inventory.

$$72 \text{ containers in order} - 50 \text{ containers issued} = 22 \text{ containers for LA inventory}$$

Q: When ordering exempt infant formula from the NSB, should CPAs prorate the amount to issue if the participant misses their pickup?

A: Yes. The local agency should prorate the issuance of benefits appropriately based on the date the product is picked-up in relation to the family issue date.

Formula specific questions

Q: If a participant finds an exempt infant formula or WEN in stock at a local grocery store, can they purchase that product at the store or must they order it from a pharmacy?

A: WIC food benefits may be redeemed at any WIC approved vendor. There is no product which must be acquired from a pharmacy versus a grocery store; however, a pharmacy is equipped to order products not commonly on shelves including exempt infant formulas or WENs. There are products which *must* be ordered directly through the NSB. To find a list of these products, please refer to WPM, Chapter 7, Attachment 1.

Q: Is underweight an acceptable diagnosis for Pediasure?

A: No. Both state and federal regulations specify that exempt infant formulas and WENs are not to be provided solely for weight management. Weight loss or underweight status is typically a side effect of an underlying condition; identifying this medical condition would be more appropriate.

Q: Is soy & milk protein intolerance an acceptable medical condition for an exempt infant formula?

A: This may be acceptable if a health care provider indicates that an appropriate exempt infant formula is required for the successful management of the soy and milk protein intolerance. The CPA should document necessary and related information in the Participant Care Plan.

Q: Is GERD an acceptable dx for Nutramigen or Alimentum?

A: It is up to the health care provider to determine which formula is appropriate for the participant's medical condition. Both Nutramigen and Alimentum are infant formula made with hydrolyzed proteins and marketed for infants with food allergies. This scenario emphasizes the value of the coordination of care with families, WIC and health care providers.

WIC staff should perform a thorough nutrition assessment and follow-up with the prescribing health care provider for continuity of care. It is also essential to talk with the participant family regarding formula preparation, infant feeding practices, and infant feeding behaviors and cues. There are many factors that may contribute to GERD but potentially addressed without infant formula change.

The health care provider determines the appropriate diagnosis for the infant formula for the management of a participant's qualifying medical condition. As always, document the nutrition assessment, coordination of care, education, and participant follow-up.